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CONFIRMATION NO. 5698

<b>SERIAL NUMBER</b> 09/920,267	<b>FILING OR 371(c) DATE</b> 08/01/2001 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1644	<b>ATTORNEY DOCKET NO.</b> CEN 249
<b>APPLICANTS</b> George Heavner, Malvern, PA; Jill Giles-Komar, Downingtown, PA; Linda Snyder, Pottstown, PA; Mohit Trikha, Paoli, PA;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/223,363 08/07/2000 <i>mtt</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>None/mtt</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 10/22/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Maher</i> <i>Padlad</i> <i>mtt</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> PA	<b>SHEETS DRAWING</b> 30	<b>TOTAL CLAIMS</b> 101
		<b>INDEPENDENT CLAIMS</b> 41		
<b>ADDRESS</b> 27777				
<b>TITLE</b> Anti-dual integrin antibodies, compositions, methods and uses				
<b>FILING FEE RECEIVED</b> 5208	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	